

Integrated Strategy to Address Overcrowding In CDCR's Adult Institutions



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In order to effectively manage population and improve rehabilitative outcomes, CDCR must implement an integrated strategy that takes into consideration:

- Expanded capacity through implementation of Assembly Bill (AB) 900;
- Construction of the Receiver's health-related facilities;
- Administration's proposed budget and policy reforms;
- Analysis of short and long-term population trends; and
- Three judge panel proceedings.

All of these factors must be carefully considered and strategically implemented to ensure public safety. Recognizing that a number of factors shifted since AB 900 was enacted in May 2007, CDCR's leadership has established a multi-disciplinary team to develop an integrated strategy to reduce overcrowding. This strategy takes into account the many "moving pieces" described above.

After accounting for numerous factors, CDCR has concluded that the following key components of an integrated approach are necessary:

- Immediately begin construction of AB 900 infill beds: 4,800 beds in Phase I/Priority 1 (up to 8,600 total in both phases)
- Support the Receiver's construction of health-related facilities: 10,000 beds
- Continue acquisition and construction of AB 900 secure reentry facilities: 3,000 in Phase 1 (up to 11,000 total)
- Implement policy reforms

The overall impact of this approach on California's correctional system should not be underestimated. For the first time in many years, the State will be able to end its practice of using "temporary" beds in adult prisons; begin to show a reduction in overcrowding; and position itself to demonstrate to external stakeholders, including our partners in local government and the courts, that we are committed to addressing overcrowded institutions, reducing recidivism, and enhancing public safety.

Key Components fo the Integrated Strategy

AB 900 Infill

AB 900 authorized the construction or renovation of up to 16,000 infill beds. CDCR has yet to build any of the infill beds authorized by AB 900 for a number of reasons. Detailed analyses of a number of complicating factors — e.g., the availability and appropriateness of selected sites, unforeseen limitations of infrastructure, community concerns with prison expansion, staffing difficulties, and scope of construction, including facility and bed type — have necessitated the identification of alternative sites, which have also been further modified to reflect coordination with the Receiver's planned construction for health care expansion. Most recently, however, the projects have been on hold because CDCR, like others, began to recognize that there were a number of different factors that

had changed since the last analysis, e.g., the recent population projections, the budget crisis, and settlement deliberations in the Three Judge Panel proceedings.

Nonetheless, CDCR has accomplished a significant amount of work necessary for construction, including the commencement of architectural programming, environmental reviews, community outreach, building code revisions and site assessments for its infill construction program.

In order to begin addressing overcrowding, CDCR must begin construction of Phase I/ Priority 1 of the Infill Plan. (Refer to the attached project chart.)

Phase I/Priority 1 includes:

- El Paso DJJ – Level II (Paso Robles)
- Kern Valley State Prison – Level IV (Delano)
- North Kern State Prison – Reception (Delano)
- Wasco State Prison – Level IV (Wasco)

CDCR has completed all the necessary programming detail to immediately design and construct a total of 4,800 infill beds at these sites at a housing capacity that provides full programming, medical treatment space and the necessary infrastructure to support this new capacity.

The above projects would address the shortage of reception and high security housing units needed by CDCR to meet its population management strategies. Additionally, this portion of Phase I includes a lesser-priced conversion of an existing juvenile facility slated for closure to add dorm bed capacity (in addition to secure level housing). These facilities are all slated for groundbreaking in the next 6-12 months.

As population needs warrant, CDCR is already preparing to construct the balance of its proposed infill construction to meet the projected needs as follows:

- California Correctional Institution (Tehachapi)
- High Desert State Prison (Susanville)
- Deuel Vocational Institution (Tracy)
- Centinela State Prison (Imperial)
- Other site(s) to be determined dependent upon funding availability

While AB 900 authorized up to 16,000 infill beds, current cost estimates indicate no more than 8,600 beds can be constructed at the initial allocation. In part, these cost increases are the result of modifying the infill plan from lower-level dormitory style housing to secure, Level IV housing. CDCR will continue to value engineer its designs to reduce the costs and increase the potential number of beds.

In addition to AB 900 infill construction, CDCR has two additional projects proposed in the 2008/09 Governor's Budget that will add capacity to CDCR's existing prison and contracted capacity. Therefore, these proposals have also been included in the attached gap analysis charts. The proposed Condemned Inmate Complex planned for San Quentin

will add 1,152 beds for condemned inmates plus 550 vacated beds (shown on the attached charts as “special” beds). The Female Residential Community Correctional Services Program is authorized to add up to 2,000 contracted beds for female adult offenders and these are reflected on the attached charts.

Medical Receiver’s Planned Construction

As part of his Strategic Plan, the Receiver has announced his intent to complete health-related facilities housing up to 1,500 inmates each for a total of 10,000 inmates. The Administration continues to fully support the Receiver’s building plans.

At this time, CDCR is operating under the assumption that the Receiver will receive the authority he needs. Therefore, our strategy incorporates the 10,000 beds he plans to build by the end of fiscal year 2012/13, with 5,000 beds in 2011/12 and the remainder in 2012/13. The breakdown by classification level indicated in the attached gap analysis charts (i.e., Reception Center or Level I-IV) is based on information provided by the Receiver.

The Receiver has predicted that his construction will create “bonus beds,” i.e., additional beds beyond the 10,000 due to the fact that CDCR can double-bunk some of the cells he is vacating. Because the Receiver has reserved the right to curtail his building plans should circumstances dictate, our strategy does not assume any “bonus beds.” In addition, CDCR is concerned that some of the potential increase in bed capacity may be offset by other factors, including the likelihood that some of the Receiver’s beds may be filled by inmates not currently housed in any of CDCR’s institutions, (i.e., those housed in Department of Mental Health or other facilities) and some others will likely be what CDCR has traditionally considered “transient capacity” (i.e., short-term beds for inmates who must maintain a permanent bed elsewhere in the system). Finally, CDCR has not yet completed its analysis of which beds will be vacated by placing inmates in the Receiver’s constructed facilities. Once the impact of the Receiver’s construction program is fully analyzed, the CDCR capacity charts will be amended accordingly.

AB 900 Secure Reentry Facilities

AB 900 also authorized 16,000 secure reentry beds. These reentry beds remain a cornerstone of CDCR’s effort to reduce recidivism by ensuring that offenders are better prepared to reenter their communities. CDCR plans to build at least 3,000 beds as part of Phase I and up to 11,000 reentry beds in total. To date, we have begun development of the building prototypes, determined site acquisition parameters, and begun negotiations and initial due diligence for reentry facility construction.

While AB 900 authorized 16,000 reentry facility beds, the current cost estimates CDCR has received suggest that at the current time, no more than 11,000 beds can be constructed at the initial allocation. CDCR will continue to value engineer its designs to reduce the costs and, if possible, increase the total beds provided.

AB 900 established a nexus between funding for local jail construction and the establish-

ment of secure reentry facilities. The Corrections Standards Authority (CSA) has conditionally awarded jail funds to thirteen counties who have agreed to assist the state in siting reentry facilities. CDCR is performing due diligence on sites offered by the counties for purchase and will be updating CSA and the counties at CSA's September 2008 board hearing as to which county sites are ready to begin acquisition and hence, begin the process for obtaining jail funding. CDCR will then develop a Reentry Facility plan and schedule based on the initial sites.

CDCR's first reentry, located in Stockton at the site of the former adult women's facility currently being used as a correctional academy, is currently under program development. This facility will house up to 500 inmates from the counties of San Joaquin, Amador and Calaveras operating under a regional consortium arrangement. CDCR hosts monthly planning sessions with representatives from these counties in design development. In addition to general renovation of housing and support areas, additional programming space, security enhancements, and a new medical treatment facility will be added. This project is expected to be occupied by Summer 2009.

Reform/Policy Changes

In order to effectively reduce overcrowding consistent with CDCR's mission to reduce recidivism, our integrated strategy relies upon a reform component to reduce the constant "churning" of low-level parole violators who return to custody without enough time for rehabilitation. This churning is costly, does little or nothing to promote public safety and frustrates real efforts at rehabilitation. Therefore, our integrated approach incorporates summary parole or an alternative reform measure that would safely reduce average daily population by approximately 8,000 inmates when fully implemented. CDCR understands the Legislature and external stakeholders have expressed concerns about summary parole and we remain open to exploring ways to improve the final reform package, but we believe that a reform package with at least this level of impact on population is necessary to safely reduce overcrowding. We are also committed to maintaining a level of savings equal to what was identified in the May Revision.

Putting The Pieces Together

As the attached charts demonstrate, each of the components identified above are critical to begin addressing the overcrowding problem in California's prison system. The effectiveness of this strategy, however, will depend significantly on whether or not CDCR's population continues to decline as projected in the Spring 2008 projections.

The Impact of Population Changes

The population projections released with the Governor's May Revision forecast a decrease in CDCR's adult inmate population. After many years of a relatively stable growth rate averaging about 1% per year, the projections began to level off between 2006 and 2007, and for the first time in six years, are now projected to decrease. The reasons for this projected decrease include a reduction in the number of new admissions from courts and a decrease in the number of parole violators returned either administratively or with new terms. As noted in the 2008 spring population projections, however, in times when trends shift, CDCR's population projections are increasingly unreli-

able in “out” years. Most corrections experts agree that projections beyond two to three years are difficult, at best. As indicated by the Bureau of State Audits (BSA) in their 2005 audit, CDCR’s “projection is useful for assessing the next two years’ budget needs but has limited usefulness for longer-range planning, such as the need to build new prisons.” In fact, for facility construction purposes, BSA determined that the Department “would be more accurate in its long-term planning if it simply used the actual inmate population at the time it created each projection and assumed the population would not change over the six-year projection period.” CDCR agrees that it is very risky to rely on the Spring 2008 population projections for long-term planning, particularly given that no steady reduction in population has lasted more than three years. Therefore, it is doubtful that these projections will hold true over the next six years absent any further changes in policy or practice to prevent population growth.

Because CDCR’s population projections remain CDCR’s official estimates, as represented in the May Revision, the spring population projections are assumed for the baseline in the gap analysis (Charts 1A and 2A) provided with this document. However, we also completed the analysis assuming a steady 1% population growth (based on the actual average inmate population growth over the past 10 years) to provide a possible range of population projections (Charts 1B and 2B).

Interpreting the Gap Analysis

The gap analysis charts attached to this document demonstrate the impact of implementing CDCR’s integrated strategy. There are two alternative strategies and four possible outcomes presented in these charts.

The gap analysis charts attached to this document include:

- Chart 1A: Integrated Strategy including Phase I/Priority 1 of the Infill Plan with Spring Population Projections
- Chart 1B: Integrated Strategy including Phase I/Priority 1 of the Infill Plan with 1% Population Growth
- Chart 2A: Integrated Strategy including the entire Infill Plan with Spring Population Projections
- Chart 2B: Integrated Strategy including the entire Infill Plan with 1% Population Growth

Charts 1A and 1B assume that CDCR implements only Phase I/Priority 1 of its Infill Plan. Specifically, charts 1A and 1B assume the following:

- Construction of 10,000 beds by the Medical Care Receiver by FY 2012/13
- Implementation of a policy reform (equivalent to summary parole) in FY 2008/09 with full implementation by FY 2010/11
- Construction of 3,000 reentry beds by FY 2012/13
- Construction of 4,800 beds (Phase I/Priority 1) by 2011/12
- Interim transfer of 8,000 inmates out of state through 2010/11

Charts 2A and 2B include the same components of the integrated strategy, except they assume full implementation of the Infill Plan. Chart 2A presents this option based on the spring population projections and Chart 2B presents it at a 1% population growth.

According to the gap analysis charts, if CDCR constructs the beds in Phase I/Priority 1 of its Infill Plan (as shown in Charts 1A and 1B), we should be able to end the use of “temporary beds” for male inmates by the beginning of FY 2009/10 (if the spring population figures hold) or by the beginning of FY 2013/14 (if the population grows at one percent as it has historically). The most significant gaps in these charts exist for Reception Center and Level IV beds. (Even though the charts also show a deficit of Level I and II beds, CDCR is only proposing to construct one Level II project because we anticipate that the impact of the parole reforms is likely to disproportionately affect the lower-level populations.)

If CDCR begins construction of all phases on the Infill Plan (as shown in Charts 2A and 2B), we would still experience a gap in Reception Center and Level IV beds in the near-term, but we could find ourselves with a surplus of beds in the out-years, particularly if the population continues to decline consistent with the spring projections.

Therefore, given the uncertainty of the population projections, CDCR proposes to begin implementation of Phase I/Priority 1 of the Infill Plan immediately and to plan for implementation of Priority 2 (near-term) and Phase II (longer-term) depending on changes in information regarding population growth and the types of beds needed.

It should be noted that this strategy is dependent upon the enactment of proposed AB 900 clean up language, which is necessary for CDCR to obtain a clean bond opinion from the Attorney General’s Office. In addition, the schedules identified in this strategy can only be met if the Administration is able to successfully overcome existing and prospective legal challenges.

Impact of Potential Settlement or Adverse Decision in the Three Judge Panel Proceedings

In November 2007, the Three Judge Court appointed a settlement referee and consultant who were charged with ascertaining whether it was possible to craft a settlement agreement in lieu of proceeding to trial. Since that time, the Administration has worked diligently and in good faith to determine whether a settlement is in the State’s best interest.

Until June 2, 2008, the discussions and terms of any draft settlement were under gag order and therefore the Department was precluded from discussing these negotiations with the full Legislature or any other party outside of the settlement negotiations.

The integrated strategy identified in this report recognizes the potential of a settlement. However, given that the likelihood of a settlement remains unknown, CDCR did not prepare this document by relying on the terms of a draft settlement. Depending on the terms, a settlement could be an integral part to addressing the overcrowding problem. If a settlement is not reached, the Administration will continue to prepare for trial and it will be essential that the State be able to demonstrate a reliable plan and actual progress toward reducing overcrowding.

It is important to note that the components of this integrated strategy may not be enough—by themselves—to reach an operational capacity of 158% or 154% (the range indicated in the settlement drafted by the settlement referee). If the court requires CDCR to reach and sustain that level of operational capacity either through a settlement or court order, CDCR would seek to

build Phase I/Priority 2 and Phase II of the Infill Plan immediately, extend its authority to transfer inmates out-of-state, and might still need additional reforms, depending on population trends.

CDCR believes that, at a minimum, the construction, reform, and interim components (e.g., out-of-state transfer) described as part of this integrated strategy are necessary regardless of whether or not a settlement is negotiated in the Three Judge Panel proceedings.

Conclusion

Given the critical need to begin reducing overcrowding, CDCR proposes to begin implementation of this integrated strategy immediately. Given the uncertainty of future population changes, we are seeking to implement Phase I/Priority 1 of the Infill Plan at this time while continuing to evaluate the timing and direction for Phase I/Priority 2 and Phase 2 based on changes in the inmate population or direction from the court in the Three Judge Panel proceedings.

AB 900 Revised Infill Bed Plan

Institution	City	County	Beds at DBC	Beds at HOC	Level	Cost per Bed at DBC	Cost per Bed at HOC	Estimated Total Project Costs	Construction Start	Occupancy
Phase I - Priority I										
**Estrella Correctional Facility	Paso Robles	San Luis Obispo	1,000	1,000	II	\$100,000	\$100,000	\$100,000,000	2008-09	2009-10
*Kern Valley State Prison (KVSP)	Delano	Kern	500	950	IV	\$581,650	\$306,132	\$290,825,000	2008-09	2011-12
*North Kern State Prison (NKSP)	Delano	Kern	500	950	Reception	\$474,928	\$249,962	\$237,464,102	2008-09	2011-12
*Wasco State Prison (WSP)	Wasco	Kern	1,000	1,900	IV	\$550,065	\$289,508	\$550,064,928	2008-09	2011-12
Subtotal Phase I - Priority I:			3,000	4,800	-	-	-	\$1,178,354,030	-	-
Phase I - Priority II										
**California Correctional Institution (CCI)	Tehachapi	Kern	500	950	TBD	\$612,948	\$322,604	\$306,474,000	2009-10	2011-12
**High Desert State Prison (HDSP)	Susanville	Lassen	500	950	TBD	\$631,304	\$332,265	\$315,652,000	2009-10	2012-13
Subtotal Phase I - Priority II:			1,000	1,900	-	-	-	\$622,126,000	-	-
Total Phase I AB 900 Infill:			4,000	6,700		\$491,816	\$266,745	\$1,800,480,030	-	-
						(Avg. Cost @ DBC)	(Avg. Cost @ HOC)			
Phase II****										
***Deuel Vocational Institute (DVI)	Tracy	San Joaquin	500	950	TBD	\$636,774	\$335,144	\$318,387,000	2009-10	2012-13
***Centinela State Prison (CEN)	Imperial	Imperial	500	950	TBD	\$657,222	\$345,906	\$328,611,000	2010-11	2013-14
Total Phase II AB 900 Infill:			1,000	1,900	-			\$646,998,000	-	-
Total Proposed AB 900 Infill (Phase I and II):			5,000	8,600				\$2,447,478,030		

*At Risk Project Schedules - Acceleration opportunities will be identified to expedite.

**Some projects may need to be reduced or relocated to alternate sites depending upon feasibility.

***CDCR is exploring the alternative of converting Level III to Reception or Level IV depending on the need. This will not result in a net gain of total capacity, but would be intended to favorably impact surpluses/deficits by level.

****CDCR is continually evaluating options to add additional beds in Phase II to meet population needs. This will require ongoing value engineering of all Phase II projects.

The project order of construction, bed count, level, start dates for design and construction, may be subject to change.

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Priority Projects - May Revision Pop

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Spring Population Projection	164,929	160,656	159,672	159,146	159,682	160,483
Bed Capacity						
Existing Traditional Beds	157,476	157,476	157,476	157,476	157,476	157,476
Out of state Beds	8,000	8,000	8,000	-	-	-
In-fill Beds (phases I & II)	-	-	1,000	4,800	4,800	4,800
FRCCC Beds	200	1,000	1,800	2,000	2,000	2,000
Re-entry Beds (phases I & II)	-	500	1,000	2,000	3,000	4,000
Other Construction	-	-	-	1,152	1,702	1,702
Receiver Beds	-	-	-	5,000	10,000	10,000
Capacity	165,676	166,976	169,276	172,428	178,978	179,978
Surplus/Deficit	747	6,320	9,604	13,282	19,296	19,495
Surplus/Deficit by Classification Level¹:						
All Female	362	1,591	2,336	2,704	2,786	2,351
Reception Center	(2,215)	(1,057)	(744)	215	434	655
Level I	(4,751)	(2,926)	(1,786)	716	2,882	3,819
Level II	(704)	1,152	2,953	5,294	7,435	7,853
Level III	3,674	3,359	2,919	3,750	4,541	4,597
Level IV	(4,400)	(4,560)	(4,810)	(1,355)	(815)	(1,683)
Special	781	761	736	1,958	2,033	1,903

¹ - Out of State Beds are not included

Chart 1A

Priority Projects - 1% Growth

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Spring Population Projection	168,063	166,766	168,458	170,222	172,002	173,802
Bed Capacity						
Existing Traditional Beds	157,476	157,476	157,476	157,476	157,476	157,476
Out of state Beds	8,000	8,000	8,000	-	-	-
In-fill Beds (phases I & II)	-	-	1,000	4,800	4,800	4,800
FRCCC Beds	200	1,000	1,800	2,000	2,000	2,000
Re-entry Beds (phases I & II)	-	500	1,000	2,000	3,000	4,000
Other Construction	-	-	-	1,152	1,702	1,702
Receiver Beds	-	-	-	5,000	10,000	10,000
Capacity	165,676	166,976	169,276	172,428	178,978	179,978
Surplus/Deficit	(2,387)	210	818	2,206	6,976	6,176
Surplus/Deficit by Classification Level¹:						
All Female	247	1,384	2,074	2,537	2,798	2,676
Reception Center	(2,925)	(2,135)	(2,387)	(1,711)	(1,438)	(1,718)
Level I	(5,172)	(4,484)	(4,543)	(3,397)	(2,253)	(2,109)
Level II	(2,412)	(1,885)	(1,104)	295	1,690	1,630
Level III	3,616	3,345	3,071	4,029	4,984	4,769
Level IV	(4,510)	(4,752)	(4,997)	(1,480)	(815)	(1,048)
Special	769	737	704	1,933	2,010	1,976

¹ - Out of State Beds are not included

Chart 1B

All Phases - May Revision Pop

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Spring Population Projection	164,929	160,656	159,672	159,146	159,682	160,483
Bed Capacity						
Existing Traditional Beds	157,476	157,476	157,476	157,476	157,476	157,476
Out of state Beds	8,000	8,000	8,000	-	-	-
In-fill Beds (phases I & II)	-	-	1,000	5,750	7,650	8,600
FRCCC Beds	200	1,000	1,800	2,000	2,000	2,000
Re-entry Beds (phases I & II)	-	500	1,000	2,000	3,000	4,000
Other Construction	-	-	-	1,152	1,702	1,702
Receiver Beds	-	-	-	5,000	10,000	10,000
Capacity	165,676	166,976	169,276	173,378	181,828	183,778
Surplus/Deficit	747	6,320	9,604	14,232	22,146	23,295
Surplus/Deficit by Classification Level¹:						
All Female	362	1,591	2,336	2,704	2,786	2,351
Reception Center	(2,215)	(1,057)	(744)	215	434	655
Level I	(4,751)	(2,926)	(1,786)	716	2,882	3,819
Level II	(704)	1,152	2,953	5,294	7,435	7,853
Level III	3,674	3,359	2,919	3,750	4,541	4,597
Level IV	(4,400)	(4,560)	(4,810)	(405)	2,035	2,117
Special	781	761	736	1,958	2,033	1,903

¹ - Out of State Beds are not included

Chart 2A

All Phases - 1% Growth

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Spring Population Projection	168,063	166,766	168,458	170,222	172,002	173,802
Bed Capacity						
Existing Traditional Beds	157,476	157,476	157,476	157,476	157,476	157,476
Out of state Beds	8,000	8,000	8,000	-	-	-
In-fill Beds (phases I & II)	-	-	1,000	5,750	7,650	8,600
FRCCC Beds	200	1,000	1,800	2,000	2,000	2,000
Re-entry Beds (phases I & II)	-	500	1,000	2,000	3,000	4,000
Other Construction	-	-	-	1,152	1,702	1,702
Receiver Beds	-	-	-	5,000	10,000	10,000
Capacity	165,676	166,976	169,276	173,378	181,828	183,778
Surplus/Deficit	(2,387)	210	818	3,156	9,826	9,976
Surplus/Deficit by Classification Level¹:						
All Female	247	1,384	2,074	2,537	2,798	2,676
Reception Center	(2,925)	(2,135)	(2,387)	(1,711)	(1,438)	(1,718)
Level I	(5,172)	(4,484)	(4,543)	(3,397)	(2,253)	(2,109)
Level II	(2,412)	(1,885)	(1,104)	295	1,690	1,630
Level III	3,616	3,345	3,071	4,029	4,984	4,769
Level IV	(4,510)	(4,752)	(4,997)	(530)	2,035	2,752
Special	769	737	704	1,933	2,010	1,976
	(10,387)	(7,790)	(7,182)	3,156	9,826	9,976

¹ - Out of State Beds are not included

Chart 2B

SPRING 2008 GAP CHART ANALYSIS with PROJECTED POPULATION DECLINE @ HOUSING OVERCROWDING CAPACITY

CURRENT OPERATING PHASE																								PROPOSED IMPLEMENTATION PHASE												Total Implementation Phase
Security Level	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020											
Female	Pop	HOC	Pop	HOC																																
Permanent	11,582	10,133	11,583	10,133	11,608	10,133	11,671	10,133	11,885	10,133	12,185	10,515	12,620	10,897	12,866	10,897	13,086	10,897	13,487	10,897	13,847	10,897	14,180	10,897	14,578	10,897	14,976	10,897								
Contracted		896		1,096		1,896		2,696		2,896		2,896		2,896		2,896		2,896		2,896		2,896		2,896		2,896		2,896								
Health Care		0		0		0		0		382		382		0		0		0		0		0		0		0		0								
Policy Reform		0		(716)		0		(1,178)		0		(1,178)		0		(1,178)		0		(1,178)		0		(1,178)		0		(1,178)								
Total Capacity		11,029		11,229		12,029		12,829		13,411		13,793		13,793		13,793		13,793		13,793		13,793		13,793		13,793		13,793								
Surplus/(Deficit)		(553)		362		1,591		2,396		2,704		2,786		2,351		2,105		1,885		1,484		1,124		791		393		393								
Reception Center																																				
Permanent	26,608	21,278	26,164	21,278	26,065	21,278	25,771	21,278	25,762	21,278	26,093	22,228	25,872	22,778	25,955	22,778	26,209	22,778	26,325	22,778	26,571	22,778	26,812	22,778	27,098	22,778	27,385	22,778								
Contracted		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000								
Infill		0		0		0		0		950		0		0		0		0		0		0		0		0		950								
Other Construction		0		0		0		0		0		550		0		0		0		0		0		0		0		550								
Policy Reform		0		(1,671)		0		(2,749)		0		(2,749)		0		(2,749)		0		(2,749)		0		(2,749)		0		(2,749)								
Total Capacity		22,278		22,278		22,278		22,278		23,228		23,778		23,778		23,778		23,778		23,778		23,778		23,778		23,778		23,778								
Surplus/(Deficit)		(4,330)		(2,215)		(1,057)		(744)		215		434		655		572		318		202		(44)		(285)		(571)		(571)								
Level I																																				
Permanent	29,077	20,355	28,947	20,355	28,103	20,355	27,201	20,590	26,145	20,805	25,425	22,251	24,938	23,697	25,018	24,147	25,263	25,047	25,375	25,947	25,612	26,847	25,844	27,297	26,119	27,297	26,847	27,297								
Contracted		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647								
Health Care		0		0		0		0		966		966		0		0		0		0		0		0		0		0								
Reentry		0		0		225		225		450		450		450		900		900		900		450		0		0		4,950								
Policy Reform		0		(1,194)		0		(1,950)		0		(1,963)		0		(1,963)		0		(1,963)		0		(1,963)		0		(1,963)								
Total Capacity		23,002		23,002		23,227		23,452		24,898		26,344		26,794		27,694		28,594		29,494		29,944		29,944		29,944		29,944								
Surplus/(Deficit)		(6,075)		(4,751)		(2,926)		(2,926)		716		2,882		3,819		4,639		5,294		6,082		6,295		6,063		5,788		5,788								
Level II																																				
Permanent	40,924	33,966	39,625	33,966	38,710	33,966	38,107	34,151	37,587	35,336	37,267	37,157	37,219	38,978	37,339	39,348	37,704	40,088	37,871	40,828	38,225	41,568	38,572	41,938	38,982	41,938	41,938	41,938								
Contracted		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761								
Infill		0		0		0		1,000		0		0		0		0		0		0		0		0		0		1,000								
Health Care		0		0		0		0		1,451		1,451		0		0		0		0		0		0		0		2,902								
Reentry		0		0		185		185		370		370		370		740		740		740		370		0		0		4,070								
Policy Reform		0		(1,194)		0		(1,950)		0		(1,963)		0		(1,963)		0		(1,963)		0		(1,963)		0		(1,963)								
Total Capacity		37,727		37,727		37,912		39,097		40,918		42,739		43,109		43,849		44,589		45,329		45,699		45,699		45,699		45,699								
Surplus/(Deficit)		(3,197)		(704)		1,152		2,953		5,294		7,435		7,853		8,473		8,848		9,421		9,090		8,680		8,680		8,680								
Level III																																				
Permanent	33,765	37,719	34,045	37,719	34,430	37,719	34,940	37,789	35,415	37,859	35,930	39,165	36,014	40,471	36,129	40,611	36,483	40,891	36,645	41,171	36,987	41,451	37,323	41,591	37,720	41,591	37,720	41,591								
Health Care		0		0		0		0		1,166		1,166		0		0		0		0		0		0		0		2,332								
Reentry		0		0		70		140		140		140		140		280		280		280		140		0		0		1,540								
Total Capacity		37,719		37,719		37,789		37,859		39,165		40,471		40,611		40,891		41,171		41,451		41,591		41,591		41,591		41,591								
Surplus/(Deficit)		3,954		3,674		3,359		2,919		3,750		4,541		4,611		4,762		4,688		4,806		4,604		4,561		4,268		3,871								
Level IV																																				
Permanent	25,975	21,725	26,125	21,725	26,305	21,725	26,575	21,745	26,905	21,765	27,300	25,550	28,208	26,485	28,298	26,525	28,575	26,605	28,702	26,685	28,970	26,765	29,233	26,805	29,544	26,805	29,544	26,805								
Infill		0		0		0		0		2,850		0		0		0		0		0		0		0		0		2,850								
Health Care		0		0		0		0		895		895		0		0		0		0		0		0		0		1,790								
Reentry		0		0		40		20		40		40		40		80		80		80		40		0		0		440								
Total Capacity		21,725		21,725		21,745		21,765		25,550		26,485		26,525		26,605		26,685		26,765		26,805		26,805		26,805		26,805								
Surplus/(Deficit)		(4,250)		(4,400)		(4,560)		(4,810)		(1,355)		(815)		(1,683)		(1,693)		(1,890)		(1,937)		(2,165)		(2,428)		(2,739)		(2,739)								
Special																																				
Permanent	3,195	3,996	3,215	3,996	3,235	3,996	3,260	3,996	3,300	3,996	3,335	5,258	3,465	5,368	3,476	5,368	3,510	5,368	3,525	5,368	3,558	5,368	3,591	5,368	3,629	5,368	3,629	5,368								
Other Construction		0		0		0		0		1,152		0		0		0		0		0		0		0		0		1,152								
Health Care		0		0		0		0		110		110		0		0		0		0		0		0		0		220								
Total Capacity		3,996		3,996		3,996		3,996		5,258		5,368		5,368		5,368		5,368		5,368		5,368		5,368		5,368		5,368								
Surplus/(Deficit)		801		781		761		736		1,958		2,033		1,903		1,892		1,858		1,843		1,810		1,777		1,739		1,739								
COCF																																				
COCF Contract		5,000		8,000		8,000		8,000		0		0		0		0		0		0		0		0		0		0								
TOTALS																																				
Total Male	159,544	151,447	154,062	154,447	150,218	154,947	149,179	156,447	148,439	159,017	148,675	165,185	149,041	166,185	149,540	168,185	151,069	170,185	151,768	172,185	153,248	173,185	154,700	173,185	156,417	173,185	173,185	173,185								
Male Surplus/(Deficit)		(8,097)		385		4,729		7,288		10,578		16,510		17,144		18,845		19,116		20,417		19,937		18,485		16,768		16,768								

SPRING 2008 GAP CHART ANALYSIS with PROJECTED POPULATION DECLINE @ HOUSING OVERCROWDING CAPACITY

CURRENT OPERATING PHASE			PROPOSED IMPLEMENTATION PHASE																		Total Implementation Phase							
Security Level	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017			2017-2018		2018-2019		2019-2020		
	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC	Pop	HOC		Pop	HOC	Pop	HOC	Pop	HOC	
Female																												
Permanent	11,582	10,133	11,583	10,133	11,608	10,133	11,671	10,133	11,885	10,133	12,185	10,515	12,620	10,897	12,866	10,897	13,086	10,897	13,487	10,897	13,847	10,897	14,180	10,897	14,578	10,897		
Contracted		896		1,096		1,896		2,696		2,896		2,896		2,896		2,896		2,896		2,896		2,896		2,896		2,896		
Health Care		0		0		0		0		382		382		0		0		0		0		0		0		0		764
Policy Reform		0	(716)	0	(1,170)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0	(1,178)	0
Total Capacity		11,029		11,229		12,029		12,829		13,411		13,793		13,793		13,793		13,793		13,793		13,793		13,793		13,793		13,793
Surplus/(Deficit)		(553)		362		1,591		2,336		2,704		2,786		2,351		2,105		1,885		1,484		1,124		791		393		
Reception Center																												
Permanent	26,608	21,278	26,164	21,278	26,065	21,278	25,771	21,278	25,762	21,278	26,093	22,228	25,872	22,778	25,955	22,778	26,209	22,778	26,325	22,778	26,571	22,778	26,812	22,778	27,098	22,778		
Contracted		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		1,000		
Infill		0		0		0		0		950		950		0		0		0		0		0		0		0		950
Other Construction		0		0		0		0		0		550		0		0		0		0		0		0		0		550
Policy Reform		0	(1,671)	0	(2,730)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0	(2,749)	0
Total Capacity		22,278		22,278		22,278		22,278		23,228		23,778		23,778		23,778		23,778		23,778		23,778		23,778		23,778		23,778
Surplus/(Deficit)		(4,330)		(2,215)		(1,057)		(744)		215		434		655		572		318		202		(44)		(285)		(571)		
Level I																												
Permanent	29,077	20,355	28,947	20,355	28,103	20,355	27,201	20,580	26,145	20,805	25,425	22,251	24,938	23,697	25,018	24,147	25,263	25,047	25,375	25,947	25,612	26,847	25,844	27,297	26,119	27,297		
Contracted		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		2,647		
Health Care		0		0		0		0		996		996		0		0		0		0		0		0		0		1,992
Reentry		0		0		225		225		450		450		450		900		900		900		450		0		0		4,950
Policy Reform		0	(1,194)	0	(1,950)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0
Total Capacity		23,002		23,002		23,227		23,452		24,898		26,344		26,794		27,694		28,594		29,494		29,944		29,944		29,944		29,944
Surplus/(Deficit)		(6,075)		(4,751)		(2,926)		(1,786)		716		2,882		3,819		4,639		5,294		6,082		6,295		6,063		5,788		5,788
Level II																												
Permanent	40,924	33,966	39,625	33,966	38,710	33,966	38,107	34,151	37,587	35,336	37,267	37,157	37,219	38,978	37,339	39,348	37,704	40,088	37,871	40,828	38,225	41,568	38,572	41,938	38,982	41,938		
Contracted		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		3,761		
Infill		0		0		0		1,000		1,451		1,451		0		0		0		0		0		0		0		1,000
Health Care		0		0		0		1,451		1,451		1,451		0		0		0		0		0		0		0		2,902
Reentry		0		0		185		185		370		370		370		740		740		740		370		0		0		4,070
Policy Reform		0	(1,194)	0	(1,950)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0	(1,963)	0
Total Capacity		37,727		37,727		37,912		39,097		40,918		42,739		43,109		43,849		44,589		45,329		45,999		45,999		45,999		45,999
Surplus/(Deficit)		(3,197)		(704)		1,152		2,953		5,294		7,435		7,853		8,473		8,848		9,421		9,637		9,090		8,680		8,680
Level III																												
Permanent	33,765	37,719	34,045	37,719	34,430	37,719	34,940	37,789	35,415	37,859	35,930	39,165	36,014	40,471	36,129	40,611	36,483	40,891	36,645	41,171	36,987	41,451	37,323	41,591	37,720	41,591		
Health Care		0		0		0		0		1,166		1,166		0		0		0		0		0		0		0		2,332
Reentry		0		0		70		70		140		140		140		280		280		280		140		0		0		1,540
Total Capacity		37,719		37,719		37,789		37,859		39,165		40,471		40,611		40,891		41,171		41,451		41,591		41,591		41,591		41,591
Surplus/(Deficit)		3,954		3,674		3,359		2,919		3,750		4,541		4,597		4,762		4,688		4,806		4,604		4,268		3,871		3,871
Level IV																												
Permanent	25,975	21,725	26,125	21,725	26,305	21,725	26,575	21,745	26,905	21,765	27,300	26,500	28,208	29,335	28,298	30,325	28,575	30,405	28,702	30,485	28,970	30,565	29,233	30,605	29,544	30,605		
Infill		0		0		0		3,800		3,800		1,900		950		0		0		0		0		0		0		6,650
Health Care		0		0		0		0		895		895		0		0		0		0		0		0		0		1,790
Reentry		0		0		20		20		40		40		40		80		80		80		40		0		0		440
Total Capacity		21,725		21,725		21,745		21,765		26,500		29,335		30,325		30,405		30,485		30,565		30,605		30,605		30,605		30,605
Surplus/(Deficit)		(4,250)		(4,400)		(4,560)		(4,810)		(4,055)		2,035		2,117		2,107		1,910		1,863		1,635		1,372		1,061		1,061
Special																												
Permanent	3,195	3,996	3,215	3,996	3,235	3,996	3,260	3,996	3,300	3,996	3,335	5,258	3,465	5,368	3,476	5,368	3,510	5,368	3,525	5,368	3,558	5,368	3,591	5,368	3,629	5,368		
Other Construction		0		0		0		0		1,152		1,152		0		0		0		0		0		0		0		1,152
Health Care		0		0		0		0		110		110		0		0		0		0		0		0		0		220
Total Capacity		3,996		3,996		3,996		3,996		5,258		5,368		5,368		5,368		5,368		5,368		5,368		5,368		5,368		5,368
Surplus/(Deficit)		801		781		761		736		1,958		2,033		1,903		1,892		1,858		1,843		1,810		1,777		1,739		1,739
COCF																												
COCF Contract		5,000		8,000		8,000		8,000		8,000		0		0		0		0		0		0		0		0		0
Surplus/(Deficit)																												
TOTALS																												
Total Male	159,544	151,447	154,062	154,447	150,218	154,947	149,179	156,447	148,439	159,967	148,675	168,035	149,041	169,985	149,540	171,985	151,069	173,985	151,768	175,985	153,248	176,985	154,700	176,985	156,417	176,985		
Male Surplus/(Deficit)		(8,097)		385		4,729		7,288		11,528		19,360		20,944		22,445		22,916		24,2								

